PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705689

CLAIMS AS FILED - PART ((Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			16		, , , , , , , , , , , , , , , , , , , ,		ſ	RATE	FEE	· [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ł	BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	/9 minus 20=		· 0			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS		nus 3 =	* 0		Ì	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	l	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMI	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						1	+145=		OR	+290=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		I.X.'-	ADDIT. FEE	
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=	╽	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		· X43=		OR	X86=	
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												-
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	***		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=		OR	X86=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDEN]				+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write 0 in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE												
		the Description Do	d For (Total a	r ladonosc	lant) is the	a highest numbe	er for	and in the ap-	propriate bo	x in co	Humn 1.	